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Martha L. Orr, MN, RN
Executive Director



Constituent of The American
Nurses Association

NEW YORK STATE NURSES ASSOCIATION
2113 Western Avenue, Guilderland, N.Y. 12084, (518) 456-5371

November 18, 1985

TO: Councils and Committees
Executive Committees, NYSNA Clinical Practice and
Functional Units
Chairmen, NYSNA Councils of Nursing Practitioners
Presidents and Executive Directors, NYSNA Constituent
District Nurses Associations

FROM: Martha L. Orr, Executive Director

RE: 1985 NYSNA VOTING BODY ACTION AND RELATED INFORMATION

NYSNA Voting Body action provides focus and direction for Association activity throughout the ensuing year. To assist you in interpreting and responding to this action as you implement the specific responsibilities of your organizational leadership position, we enclose copies of:

- 1) Summary of bylaws amendments adopted;
- 2) 1986 NYSNA Legislative Program;
- 3) Resolution re Apartheid in South Africa;
- 4) Resolution re Prescriptive Privileges for Nurses;
- 5) Resolution re Task Force on Delegate Assembly;
- 6) Resolution re Vietnam Women's Memorial Project;
- 7) Resolution re Professional Liability Insurance for Certified Nurse-Midwives;
- 8) Resolution re Nurses' House;

(continued over)



#106
Voting
Body
Action

#106
Voting
Body
Action

- 9) Resolutions (two) Commending Cecilia F. Mulvey;
- 10) Resolution Commending Nurses Employed by the City of New York and the Health and Hospitals Corporation;
- 11) 1985 Election Results;
- 12) Roster, NYSNA Board of Directors;
- 13) Schedule of 1986 Board of Directors Meetings and Policy re Open Board Meetings.

Many comments have been received subsequent to the convention about the productivity, creativity, sophistication and professional conduct of the 1985 NYSNA Voting Body. The Association deeply appreciates your contribution to the success of Convention. We welcome your continuing involvement and leadership.

Please contact me if you have any questions about the enclosed materials.

Best wishes for the holidays.

WMB
Enclosures

cc: Board of Directors
Presidents and Executive Directors, ANA Constituent State Nurses Associations, and the American Nurses' Association

THE NEW YORK STATE NURSES ASSOCIATION

SUMMARY OF AMENDMENTS TO BYLAWS AND ARTICLES OF INCORPORATION ADOPTED BY 1985 VOTING BODY

Several amendments to the NYSNA Bylaws were considered by the 1985 Voting Body and approved.

The proposed deletion of the Council on Economic and General Welfare elicited the longest discussion before approval. It was pointed out that the Board of Directors recommended deletion of the Council because the National Labor Relations Board, the courts and others continue to confuse and misinterpret the Council's responsibilities.

It was clarified that the Council has never had functional responsibilities for the NYSNA collective bargaining program. Therefore, deletion of the Council will not diminish the Association's commitment or activity in the collective bargaining arena.

The Council, it was explained, dealt with issues related to the economic and general welfare of all nurses (e.g., comparable worth, pre-retirement planning) and such issues can be assigned to other Association structural units.

In other bylaws action, the Committee on Human Rights was changed to a Council to provide permanence and recognition to its important functions.

A Clinical Practice Unit of School Health Nursing was established and the Functional Unit of School Nurse Teachers was discontinued. These actions broaden the scope of membership participation.

A new Functional Unit of Direct Care Practitioners was approved which will provide an opportunity for members to participate in a unit specific to the functional role of direct care provider.

Terms of offices and filling of vacancies in Clinical and Functional Unit Executive Committees were clarified through Bylaws amendments.

As with other NYSNA officials, Unit Executive Committee members will be limited to two consecutive terms in the same office and a maximum of eight consecutive years of service.

#106
Voting
Body
Action

If a Unit chairmanship becomes vacant, the vice chairman will serve as chairman for the remainder of the term. Vacancies in the vice chairman or member at large positions will be filled by appointment by the Board of Directors.

The Voting Body also approved deletion of the Society of Distinguished Practitioners. The NYSNA and ANA Awards systems and the American Academy of Nursing provide sufficient opportunities for recognition of individuals' professional contributions.

Changes were also passed that clarify the composition of the Advisory Council and identify nursing services within the Bylaws sections on Functions and Consumer Advisory Council.

An amendment to the Association's Articles of Incorporation was also adopted which deletes assistance to nurses in need from the Association's purposes. It was noted that this change was recommended in order to comply with provisions of the Internal Revenue Service Code.

11/85

THE NEW YORK STATE NURSES ASSOCIATION

1986 LEGISLATIVE PROGRAM *

- Enact entry into practice legislation which standardizes nursing education within institutions of higher learning, maintaining two careers, nurse and associate nurse.**
- Repeal the exemption clause in the Nurse Practice Act which allows unlicensed personnel within the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities to practice professional and practical nursing.**
- Encourage and support legislative measures at the state and federal levels to provide financial assistance to individuals undertaking graduate or undergraduate study of nursing, and nurses seeking baccalaureate degrees in nursing.
- Protect the Nurse Practice Act from inappropriate revision or amendment.
 - preserve the integrity of the Act
 - protect the scope of practice of all nurses
 - maintain a single legal title for the practice of professional nursing
 - preserve the profession's authority to identify specialty practice, titles and credentials through certification and other voluntary self-regulatory activities.
- Continue to affirm registered professional nurses' authority to provide primary health care services.
- Monitor and influence legislative measures dealing with the preparation and regulation of unlicensed personnel so that the nurse's legal responsibility for the appropriate delegation of nursing related activities is maintained and the health and safety of the consumer protected.
- Monitor and influence state and federal legislative proposals affecting health care issues, the public good and the nursing profession. Current support includes but is not limited to:
 - equal rights
 - pay equity and comparable worth
 - protection of the health of vulnerable populations
 - efforts to control domestic violence.

*Approved by the 1985 NYSNA Voting Body

**NYSNA bills already introduced

JPM/cg
10/23/85

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION RE APARTHEID IN SOUTH AFRICA
Approved by the 1985 Voting Body

- WHEREAS, the system of apartheid that exists in South Africa is reprehensible and violates the basic humanity of all persons in that country; and
- WHEREAS, the New York State Nurses Association supports the principle of social justice including respect for dignity of all humankind; and
- WHEREAS, economic and political sanctions can provide critical pressure on the South African government to come to terms with apartheid: Therefore be it
- RESOLVED, that the Trustees of the NYSNA Multiemployer Pension Plan be requested to divest with all due speed any fund assets that are invested in companies that do business in or carry out financial transactions for the Union of South Africa until South Africa has majority rule based on one person, one vote, and be it further
- RESOLVED, the New York State Nurses Association convey to President Reagan its concern for the health, education and social well-being of Black and other non-White South Africans under apartheid and urge the President to provide leadership in the United Nations that will help to bring about an equitable and just political system for all South Africans, and be it further
- RESOLVED, that the Board of Directors of NYSNA be requested to withdraw any funds under its control from financial institutions as described in Resolve #1, and that the Association develop promotional materials to further this campaign among its membership.

11/85

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION RE PRESCRIPTIVE PRIVILEGES FOR NURSES
Approved by the 1985 Voting Body

- WHEREAS, we wish to express our appreciation to the Board of Directors of NYSNA for its efforts in responding to the issue of prescriptive privileges for nurses by establishing a subcommittee of the Board;
- WHEREAS, it is recognized that Entry Into Practice is the primary thrust of the NYSNA 1986 Legislative Program;
- WHEREAS, we recognize the importance of maintaining the integrity of the Nurse Practice Act;
- WHEREAS, the proposed Legislative Program for 1986 recognizes registered professional nurses' authority to provide primary health care services;
- WHEREAS, prescriptive privileges have been identified as a necessary component of the practice of qualified nurses in the delivery of comprehensive health care to the consumer: Therefore be it
- RESOLVED, that the voting body recommend that the Board of Directors of NYSNA support the need for prescriptive privileges for nurses and pursue legislative and/or other means to accomplish this goal in 1986.

11/85

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION RE TASK FORCE ON DELEGATE ASSEMBLY
Approved by the 1985 Voting Body

- WHEREAS, NYSNA is recognized as the oldest, largest and most innovative professional association for registered professional nurses;
- WHEREAS, issues may change as society and the health care system are redefined, our goals remain the advancement of the profession and protection of the public;
- WHEREAS, we, NYSNA, must be unimpeded in our endeavors to continue to promote the highest standards of nursing care and nursing practice;
- WHEREAS, the challenge presented by the external forces as evidenced by the North Shore decision may prevent us from achieving our goals;
- WHEREAS, the Board of Directors has approved the formation by the Executive Director of a task force to develop a plan for establishment of an elected delegate assembly of nurses in NYSNA collective bargaining units: Therefore be it
- RESOLVED, that the voting body recommends that this task force shall be charged with developing the mechanism for the election of a delegate assembly, and be it further
- RESOLVED, that this voting body recommends that the elected delegate assembly shall meet no later than six months from this date.

11/85

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION RE VIETNAM WOMEN'S MEMORIAL PROJECT
Approved by the 1985 Voting Body

- WHEREAS, between 7,000 and 20,000 women in the United States military service served in Vietnam;
- WHEREAS, a majority of the women who served in Vietnam were nurses;
- WHEREAS, the nurses who served in Vietnam witnessed firsthand the horrors of conflict;
- WHEREAS, the nurse veterans manifest symptoms of Post Traumatic Stress Disorder (PTSD) ranging from flashbacks and depression to serious emotional, marital and professional difficulty, as well as exposure to Agent Orange;
- WHEREAS, the Veterans Administration (VA) is just beginning to respond to the needs of Vietnam nurses through a women's advisory committee and inclusion in a VA commissioned study on PTSD;
- WHEREAS, the men who served in Vietnam are recognized at the Vietnam Memorial in Washington, D.C., with a bronze statue honoring three soldiers in combat;
- WHEREAS, the ANA House of Delegates unanimously endorsed support of the Vietnam Women's Memorial Project at its July 1985 meeting: Therefore be it
- RESOLVED, that the New York State Nurses Association support efforts of the Vietnam Women's Memorial Project to create a bronze statue of a Woman Veteran to be on display at the Vietnam Memorial in Washington, D.C., and be it further
- RESOLVED, that NYSNA strongly urge all members through REPORT to support financially the Vietnam Women's Memorial Project.

11/85

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION RE PROFESSIONAL LIABILITY INSURANCE FOR
CERTIFIED NURSE-MIDWIVES
Approved by the 1985 Voting Body

WHEREAS, the recent cancellation of the professional liability insurance policy of the American College of Nurse-Midwives may alter the ability of certified nurse-midwives to provide services to the public;

WHEREAS, certified nurse-midwives have provided access to antepartal, childbirth and postnatal care for women and infants in all socio-economic levels and especially to hard-to-reach, high-risk groups of women;

WHEREAS, certified nurse-midwives have provided the public safe, cost-effective care for mothers and babies, and such services have been documented to decrease the incidents of low birth weight and infant mortality;

WHEREAS, legislation in New York State has mandated coverage for Certified Nurse Midwives who cannot obtain malpractice insurance elsewhere but has failed to mandate that the rates for such insurance be affordable: Therefore be it

RESOLVED, that this assembly request the New York State Nurses Association Board of Directors to urge the state legislature, the State Insurance Commissioner and insurance companies to take action to obtain affordable professional liability insurance for certified nurse-midwives and for all registered nurses.

11/85

THE NEW YORK STATE NURSES ASSOCIATION

RESOLUTION RE NURSES' HOUSE
Approved by the 1985 Voting Body

WHEREAS, this voting body has acted to eliminate "to assist nurses who are ill, disabled, destitute or otherwise in need" from the Articles of Incorporation;

WHEREAS, Nurses' House has provided valuable assistance to nurses in need for many years;

WHEREAS, Kings County nurses have successfully demonstrated how substantial funds can be raised to support Nurses' House through projects such as cake sales, art auctions and combining the continuing education needs of nurses with the needs of Nurses' House for funds (Kings County Hospital gave a one-day seminar on May 29, 1985, and raised \$5,817): Therefore be it

RESOLVED, that this voting body recommend that nursing groups within NYSNA undertake similar ventures to support Nurses' House, our national organization that provides assistance to needy colleagues.

11/85

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION COMMENDING CECILIA F. MULVEY
Approved by the 1985 Voting Body

WHEREAS, Cecilia Fitzmaurice Mulvey has made an outstanding contribution to the New York State Nurses Association and the profession of nursing;

WHEREAS, we take pride in her boundless energy and her untiring efforts to lead our profession with unity and clarity of purpose;

WHEREAS, she is an inspiration and a model of determination that enables nurses to pursue their highest potential;

WHEREAS, her belief that nurses and organized nursing are the pivotal force within the health care system;

WHEREAS, she is a powerful influence in the political arena in promoting the understanding of the role, function, value and image of professional nursing: Therefore be it

RESOLVED, that District 4 of NYSNA recognizes her accomplishments with pride, and be it further

RESOLVED, that this voting body recognizes and acclaims the distinguished service of Cecilia Fitzmaurice Mulvey to the New York State Nurses Association.

11/85

THE NEW YORK STATE NURSES ASSOCIATION
RESOLUTION COMMENDING CECILIA F. MULVEY
Approved by the 1985 Voting Body

WHEREAS, NYSNA President Cecilia Fitzmaurice Mulvey has represented the Association and the nursing profession in New York State with enthusiasm and fervor;

WHEREAS, she has exhibited commitment to the Association and its ideals;

WHEREAS, she has worked diligently, with the support of her family and colleagues, to have NYSNA's voice heard across the land: Therefore be it

RESOLVED, that the 1985 NYSNA Voting Body recognize the accomplishments of our President and extend its thanks to Cecilia Fitzmaurice Mulvey.

11/95

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION

RESOLUTION COMMENDING NURSES EMPLOYED BY THE
CITY OF NEW YORK AND THE HEALTH AND HOSPITALS CORPORATION
Approved by the 1985 Voting Body

WHEREAS, the nurses employed by the City of New York and the Health and Hospitals Corporation comprise the largest RN bargaining unit within the Association and the United States;

WHEREAS, these nurses provide exemplary care to the people of New York who require care;

WHEREAS, these nurses themselves are a widely diverse group providing a wide range of nursing care services with many needs and concerns: Therefore be it

RESOLVED, that this voting body commend those nurses who have diligently and successfully represented "City Nurses" in recent contract negotiations.

11/85

THE NEW YORK STATE NURSES ASSOCIATION

1985 ELECTION RESULTS

President-elect

Juanita K. Hunter

Treasurer

Rita Reis Wieczorek

Directors at Large

Nettie Birnbach
Ronald G. Inskeep
Martha Kemsley
Dorothy M. Williams

Nominating Committee

Patricia Deak
Daphne Nelson
Marjorie Thousand
N. Margaret Wineman
Connie Vance, Chairman

Delegates to the 1986 ANA House of Delegates

Roberta S. Abruzzese
Janet Alexander
Carole Anderson
Karen A. Ballard
Alice Hall Beck
Nettie Birnbach
Patricia Bishop Barry
Jill Burk
Ellen M. Burns
Virginia B. Byers
Antoinette Cafaro
Dorothy J. Carey
Elizabeth Carter
Alice Champagne
Jerold S. Cohen
Jessie M. Colin
Phyllis B. Collins
Carol A. Countryman
Grace Daly
Teresa Daly
William R. Donovan
Louise Gallagher

Miriam Gonzalez
Linda Goropeushek
Sr. Theresa M. Graf
William F. Greiner
Paul T. Hageman
Margaret M. Hardie
Ruth W. Harper
Kathleen Hoover
Juanita K. Hunter
Ronald Inskeep
Maggie Jacobs
Rita C. Kopf
Donna M. Leney
Juanita Majewski
Glenda Marshall
Diana J. Mason
Elissa McDonald
Diane E. McGill
Cecilia F. Mulvey
Claire Murray
Daphne Nelson
Elisabeth A. Pennington

#106
Voting
Body
Action

-2-

Delegates to the 1986 ANA House of Delegates (cont.)

Bonnie Perratto
Kathleen Powers
Dorothy Ramsey
Richard W. Redman
Sr. Anne Reekie
Lois J. Ricci
Clare J. Rose
Ellen M. Sanders
Pearl Skeete-Bailey
Marjorie Stanton

Nancy Lee Sweeney
Greta M. Trotman-Jones
Eunice A. Turner
Connie Vance
Rita Reis Wieczorek
Kay Wiggins
Dorothy Williams
Rosanne Wille
M. Elaine Wittman

THE NEW YORK STATE NURSES ASSOCIATION

BOARD OF DIRECTORS

October 1985 - October 1986

President: Ellen M. Burns, MSN, RN
President-elect: Juanita K. Hunter, EdD, RN
Vice President: William F. Greiner, MS, RN
Secretary: Maggie Jacobs, MS, RN
Treasurer: Rita Reis Wieczorek, EdD, RN, FAAN
Directors at Large: Patricia Bishop Barry, BS, RN
Nettie Birnbach, EdD, RN
Carol B. Henretta, MS, RN
Ronald Inskeep, BS, RN
Martha Kemsley, MS, RN
Claire Murray, MS, RN
Marjorie Stanton, EdD, RN
Dorothy M. Williams, RN

MLO/lm
11/8/85

MLO/lm
11/8/85

#106
Voting
Body
Action

THE NEW YORK STATE NURSES ASSOCIATION
BOARD OF DIRECTORS 1986 MEETING SCHEDULE

Friday and Saturday, January 9 and 10, 1986

Friday and Saturday, March 14 and 15, 1986

Thursday and Friday, May 1 and 2, 1986

Friday and Saturday, September 12 and 13, 1986

Policies Governing Open Board Meetings

Meetings of the NYSNA Board of Directors are open to Association members. The Board of Directors encourages membership attendance at Board meetings as a valuable means of understanding the scope of Association responsibility for issues confronting the profession, roles and relationships within the organization and Association relationships with other organizations.

Policies governing attendance at Board meetings include these provisions:

1. A member desiring to attend a Board meeting shall so notify the chairman of the Board not less than 30 days prior to the scheduled meeting date.
2. Attendance at meetings of the Board of Directors shall be at the expense of the individual.
3. No more than 10 persons may attend a stated Board meeting. Should requests exceed this number, they will be accepted in the order received for the next scheduled meeting(s).
4. Members attending a meeting of the Board of Directors shall have no voice in or vote on the deliberations of the Board of Directors.
5. The dates, times and places of meetings of the New York State Nurses Association's Board of Directors shall be carried in REPORT, the official newsletter of the Association.
6. The Board of Directors retains the right to meet at any time in closed Executive Session should this be deemed necessary or appropriate.
7. The Board of Directors may, for circumstances deemed necessary, cancel and/or reschedule a meeting. Should this happen, every reasonable effort will be made to notify those who have indicated an intent to attend. However, neither the Board of Directors nor the New York State Nurses Association shall assume responsibility for any inconvenience or cost incurred by a member for failure to receive notice of the change in meeting date.
8. All policies pertaining to attendance at meetings of the New York State Nurses Association's Board of Directors are subject to change at the Board's discretion.

MLO/lm
11/8/85

THE NEW YORK STATE NURSES ASSOCIATION

Task Force on Entrepreneurship in Nursing

Responses to Convention Survey Form

1. RESPONSES TO QUESTION 1.

Table 1

Number of Nurses In and Planning to Go In
Different Types of
Nursing Entrepreneurship Ventures

Type of Venture	No. In Practice Now	No. Planning a Practice
Community Health Service	0	10
Consultant	5	6
Home Care	2	8
Institution	0	1
Patient/Client Education	5	5
Specialized Practice	7	18
Totals	19	65

Table 2

Number of Nurses In and Planning to
Go In Entrepreneurship Ventures
According to Expertise/Focus

Expertise/Focus	No. In Practice Now	No. Planning a Practice
Adult Health	2	6
Business	0	1
Diabetes	2	0
Enterostomal Therapy	1	2
General and Preventive	2	14
Gerontological	0	14
Health Care Planning	0	1
Heart	0	1
Maternal Child/Health	2	1
Nursing Administration and Management	1	1
Nursing Education	0	1
Pediatrics	2	1
Psychiatric/Mental Health	7	4
Therapeutic Touch	1	0
Totals	20	47

Note that more nurses said they are in psychiatric/mental health practice than are planning such practice while the reverse is true by far for the categories "General and Preventive" and "Gerontological."

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#106
Voting
Body
Action

-2-

2. RESPONSES TO QUESTION 2.

Table 3

Results of Submission of Claims by
Nurses to Insurance Companies

Company	Claims Paid		
	Yes	No	?
Aetna	2		
Blue Cross		1	
Blue Cross/Blue Shield	2	2	
California			1
Connecticut General	2		
GHI		2	
Metropolitan	1	1	
Prudential		1	
VA		1	
Totals	7	8	1

3. RESPONSES TO QUESTION 3.

Table 4

Types of Assistance Needed

Type	No. of Respondants
Written Information	135
Continuing Education	130
Individual Counseling	107
Legal Information	6
Network and Consultn. Wkshp.	6
List of Mentors/Consultants	6
Reimbursement/Funding	5
Support Groups	3
"How Tos"	3
Other	10

JF/jml
11/26/85

-3-

4. OTHER COMMENTS/SUGGESTIONS

A. Expressions of Information Needs. N=21

Let's work on changing the curriculum of baccalaureate nursing programs. Nurses need nursing knowledge and skills to function as a professional practitioner. However, to get along in the real world, nurses need marketing, PR and business skills as well.

I think there are a number of nurses around who would like to move their practice outside of the hospital setting but are not "ambitious" enough or have resources to start private practices of their own. I would like to see NYSNA publicize some ideas, suggestions, existing private practices they could join, etc.

I believe public education is a necessity. I know. I am interested but not really well versed or knowledgeable on the topic. I would love to receive any literature to learn.

Have these seminars in a hospital setting so that more nurses will become interested, especially midwifery.

All nurses need to be made aware of the opportunities available.

Have state wide workshop on how to start entrepreneurships.

Make available examples of the existing nurse-entrepreneur endeavors and suggestions for others.

I haven't really thought about entrepreneurship. I am a new graduate and have just started my RN career - entrepreneurship sounds very interesting, I would like further information!

Specific information regarding gaining guidelines for reimbursement from insurance companies.

I had no idea about nurse entrepreneurs. I sometimes work via a registry and wondered how I could venture upon this type of understanding. Thank you for addressing this issue at this meeting.

Newsletter might be nice - two to three times a year.

The time is "here" - NYSNA could establish criteria for nurses setting up private practice guidelines and sell it.

As I said before, I am interested in starting, but I don't know how. I would definitely like some individual counselling.

As a nurse educator, my contact with this area is through some of my students. Several have expressed interest in establishing own practices. One is in the planning stage - I would like to put her in touch with your Task Force.

#106
Voting
Body
Action

-4-

How can a person setup a parttime practice? Can a person have another full time job and still be "on call" to their private clients? I wouldn't know where to start to set up a private practice.

Workshops taught and conducted throughout the year enabling members who cannot be present at Convention an opportunity to learn about the opportunities and their destiny.

I wish that this idea, strategies for entrepreneurship was introduced in my nursing education. Perhaps a workshop would be helpful at the schools.

What kind of legal issues could we be involved in when opening up this business? For example, malpractice?

Need to emphasize need for marketing skills and financial astuteness - for example, budgeting, fee setting, etc.

Have speaker from Blue Cross explain how to best fill out reimbursement forms.

Find out and summarize the experience of other states which have third party reimbursement.

B. Encouragement for Task Force Efforts. N=10

Important topic to keep visible as stimulant to nursing community. Good beginning!

God Bless you on your work. I am not in practice at the moment. However, I am very much interested and I need guidance. Thank you for your excellent presentation.

Very interesting.

The future of nursing rests on this subject. Keep on plugging away with developing this part of nursing!

Timing and scheduling of this workshop did not provide for the convenience of those nurses staying at other hotels. What I heard was interesting. Listing will be helpful! Thank you for your efforts.

It is so refreshing to attend a professional organizational meeting and see the real work of a committee that has obviously done a lot of work. Good job!

As a registered nurse, I am so proud to see nurses pursuing a successful job at entrepreneurship. It is with great pride that I say to all of you good luck and continued success. You are a model for us all.

-5-

This seems an extremely interesting aspect of nursing to me - a new perspective as far as I am concerned - but not out of my realm of potential! Especially now with drg's - mushrooming geriatric needs in my rural community, etc. Thank you for stimulating my brain - at least I can be supportive to other entrepreneurs! A part of a "network"! My biggest liability - married to an MD internist with very old fashioned ideas - threatened greatly with the low philosophy of nursing - I find the assertiveness need I must have to cope - is a problem! But I'll fight for all the rest of you - in every aspect.

Excellent program.

Very interesting, provocative. I totally agree that fees nurse practitioners charge now will be significant in setting fees for the future.

C. Insurance Reimbursement Suggestions. N=5

Put the nurse reimbursement rider on the NYSNA Benefit Plan.

Recommend Task Force continue its activities, especially in regards to third party reimbursement issues.

Definitely, need to implement changes in the medicaid-medicare reimbursement.

Work towards "mandatory" as opposed to "make available" option for coverage for advanced practice.

Need mandatory insurance legislation.

D. Additional Suggestions. N=7

Research directed toward determining needs that nurse-entrepreneurs might fill.

A registry for nurse in private practice.

My service as a nurse practitioner at a Health Center are reimbursed. I opened a health center in 1978 in Suffolk Co. and under Article 28 - had no problems with the reimbursement. I would be very interested in becoming very involved with NYSNA and an active participant in this area.

We could contact the churches in our area and schools on what we are doing to get things moving in our neighborhood.

Geriatric Health Care Corporation. All health care agencies should be run by nurses.

State Dept. Nursing Education should recognize advanced practitioners who are certified with licensure.

Local support group or networking with other nurses.

#106
Voting
Body
Action

E. Plans for Practice. N=3

My partner and I have explored all necessary avenues and will be opening our doors January 1, 1986. We will provide day services for older adults. Our business will also provide home health services and we will offer certified home health aide training. Our major support has come from Department of Social Services.

I have discussed with other RNs a health related service. We are just in the premiere stage, i.e., what area of health care, location, etc.

I am a Director of Nursing in a Psychiatric Hospital. I am very interested in nurse entrepreneurship, but have no specific plan at the present time. I am looking for a partner.

F. Other. N=4

I am not interested at this time.

I attended this program out of curiosity - it seems that you starve for a few years!

I am not at this time interested in being a nurse entrepreneur. I came only for informational purposes.

Although a certified nurse practitioner, I am also a nurse-educator and probably will not enter into private practice.

JF/jml
11/27/85

8a

THE NEW YORK STATE NURSES ASSOCIATION

Demographic Profile of 1985 Convention Registrants

The 1985 Convention had a registration of 636 members or 2.1 percent of a total membership of 30,378 (as of 11/1/85). Demographic data for the convention registrants and total membership are compared below. Again, convention registrants tended to be older, more educated and hold higher level positions than the membership in general.

Table 1 shows the distribution by age of the convention registrants compared to the total membership. One half the membership is between 20 and 39 and 27.2 percent of the 1985 registrants fell in this range. While 56.7 percent of the registrants were between 40 and 59, only 34.6 percent of the total membership is in this age group.

Table 1

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Age

Age	Convention Registrants			Total Membership November 1, 1985 n=30,378 %
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Under 20	0.0	0.0	0.0	0.1
20-29	7.3	7.0	6.3	21.5
30-39	19.8	20.5	20.9	28.8
40-49	34.4	33.8	32.7	21.8
50-59	25.5	23.9	24.0	12.8
60-69	7.1	6.0	8.3	5.3
70-79	1.8	2.4	1.6	1.3
80 & over	0.0	0.0	0.1	.2
No response	4.5	6.4	6.1	3.2
TOTAL	100.0	100.0	100.0	100.0

#106
VOTING
BODY
ACTION

-2-

Table 2 compares the basic education of the convention registrants and the total membership.

Table 2

1985 Convention Registrants Compared to 1983 & 1984 Registrants and to November 1985 Total Membership by Basic Nursing Education

Education	Convention Registrants			Total Membership November 1, 1985 n=30,378
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Diploma	46.8	46.1	40.7	37.0
Associate	13.3	15.0	17.8	22.3
Baccalaureate	35.2	31.2	35.7	31.1
No Response	4.7	7.7	5.8	9.6
TOTAL	100.0	100.0	100.0	100.0

Table 3 indicates the distribution of the 1985 convention registrants by highest degree held. Whereas members holding masters in nursing, masters in other fields and doctorates compose just 12.4 percent of the total membership, they made up 46.6 percent of those attending the 1985 convention.

Table 3

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Highest Degree Held

Degree	Convention Registrants			Total Membership November 1, 1985 n=30,378
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Diploma	13.5	15.4	11.6	24.1
Associate	6.3	8.3	9.6	19.0
Bacc. Nursing	15.6	15.2	16.8	25.1
Bacc. Other	9.2	9.4	10.2	7.6
Masters-Nrsg.	31.1	27.8	27.1	7.9
Masters-Other	8.4	9.2	9.4	3.4
Doctorate	11.4	8.7	10.1	1.1
No Response	4.5	6.0	5.2	11.8
TOTAL	100.0	100.0	100.0	100.0

-3-

Table 4 compares convention registrants to total membership by position title. The combination of relatively high percentage of nurse managers and educators and the relatively low percentage of staff nurses attending continues.

Table 4*

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Position Title

Position	Convention Registrants			Total Membership November 1, 1985 n=30,378
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Mrs. Mgrs. & Educators	43.8	43.9	45.0	13.3
Head Nrs. & Asst. Head Nrs.	9.4	10.5	11.3	9.7
Staff Nurse	19.1	24.2	22.5	58.4
Others	15.9	14.7	14.3	7.8
No Response	6.8	6.6	6.9	10.8
TOTAL	100.0	100.0	100.0	100.0

*See Position Title Key on last page

Table 5

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Nurse Manager and Educator Positions

Position	Convention Registrants			Tot. Mem. 11/1/85 n=30,378
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Dir. of Nursing Service	5.0	5.1	3.8	0.7
Dean of Dir. Nrsg. Ed.	2.6	1.5	2.8	0.2
Dir. of Nrsg. Serv. & Ed. (dual appt.)	0.2	0.2	.2	0.05
Asst. Dir. Nrsg. or Asst. Dir. Nrsg. Ed.	6.7	6.4	5.3	1.1
Faculty-Nrsg. Ed.	15.4	14.3	15.1	2.3
Clinical Nrsg. Spec., Nrs. Practitioner	3.2	2.1	1.9	1.5
Supv., Asst. Supv., Public Hlth. Empl.	11.5	10.9	12.9	6.55
Supervisor-Instructor (dual appt.)	0.3	0.2	0.2	0.1
Inservice Ed.	3.9	3.2	2.8	0.8
SUB-TOTAL	48.8	43.9	45.0	13.3

#106
Voting
Body
Action

-4-

Table 6 shows that compared to the total membership the convention registrants are disproportionately distributed in terms of employment setting. The relatively low percentage of registrants employed in hospitals and the relatively high percentage who are employed in schools of nursing is consistent with data found in Tables 4 and 5.

Table 6

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Employment Setting

Setting	Convention Registrants			Total Membership November 1, 1985 n=30,378 %
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Hospital	51.2	51.9	51.7	75.2
Nursing Home	3.4	4.3	3.3	2.6
School of Nursing	18.8	16.4	19.7	2.6
Private Practice	0.6	0.2	1.1	0.7
Public Health	5.4	5.3	4.9	2.9
School Health	1.6	0.9	1.1	0.6
Occupational Health	0.5	0.0	0.2	0.2
Phys. or Dentist Office	0.2	0.2	0.0	0.2
Ambulatory Care	3.4	3.2	3.3	1.7
Other	8.1	9.0	9.2	3.4
No Response	6.8	8.6	5.5	9.9
TOTAL	100.0	100.0	100.0	100.0

-5-

Table 7

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Area of Specialization

Specialty Area	Convention Registrants			Total Membership November 1, 1985 n=30,378 %
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Gerontologic	7.9	8.7	7.2	4.2
Gynecological-Obstetric	4.7	3.2	4.7	6.3
Medical-Surgical	28.5	26.5	29.9	32.4
Ped.-Maternal-Child Health	8.8	8.1	9.3	9.7
Psychiatric-Mental Health	10.2	10.5	10.9	5.7
General	5.9	5.8	6.4	4.3
Other	23.0	24.8	21.9	22.8
No Response	11.0	12.4	9.7	14.6
TOTAL	100.0	100.0	100.0	100.0

Table 8 shows that the method of dues payment continues to differ from convention registrants to general membership.

Table 8

1985 Convention Registrants Compared to 1983 & 84 Registrants and to November 1985 Total Membership by Method of Dues Payment

Method	Convention Registrants			Total Membership November 1, 1985 n=30,378 %
	1983 n=617 %	1984 n=468 %	1985 n=636 %	
Advance Pay	74.9	71.8	69.5	38.8
Payroll Deduction	25.1	28.2	30.2	61.2
TOTAL	100.0	100.0	100.0	100.0

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Revised 12/18/85

#106
Voting
Body
Action

POSITION TITLE KEY

The following explains which position titles were telescoped into the four titles used in the table.

NURSE MANAGERS & EDUCATORS:

- Director of Nursing
- Dean or Director of Nursing Education
- Director of Nursing Service and Education (refers to dual appointment)
- Associate and/or Assistant Director of Nursing Services or Associate and/or Assistant Director of Nursing Education
- Faculty, Nursing Education Program
- Clinical Nursing Specialist, Nursing Clinician, Nurse Practitioner
- Assistant Supervisor; Administrative Assistant; Home Care Coordinator; Supervisor; Staffing Coordinator; Nurse Care Coordinator; Public Health Employee
- Supervisor - Instructor (refers to dual appointment)
- Inservice Education - All Positions; Staff Development

HEAD NURSE & ASSISTANT HEAD NURSE:

- Assistant Head Nurse and Head Nurse
- Team Leader
- Charge Nurse
- Senior Staff Nurse

STAFF NURSE:

- Staff Nurse

OTHERS:

- Private Practice; Private Duty; Registrar for Private Duty
- Consultant
- School Nurse-Teacher
- Office Nurse
- Industrial Nurse
- Nurse Anesthetist (C.R.N.A.)
- Nurse-Midwife
- Retired; Inactive; Unemployed
- College Health Service Nurse
- Miscellaneous
- State Nurses Association Staff
- District Nurses Association Staff
- American Nurses' Association Staff
- Assistant to Physician/Dentist/Pharmacist
- Assistant/Hospital Administrator Assistant/Nursing Home Administrator
- Assistant/Community Health Administrator
- Student in Undergraduate, Graduate or Doctoral Program
- Position Unrelated to the Health Field
- Oncologist
- Academic Dean